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ABSTRACT

This instructor's lesson plan guide on obstetric/gynecologic emergencies is one of fifteen modules designed for use in the training of emergency medical technicians (paramedics). Six units of study are presented: (1) anatomy and physiology of the female reproductive system; (2) patient assessment; (3) pathophysiology and management of gynecologic emergencies; pathophysiology and management of obstetric emergencies; (4) techniques of management; demonstrations on normal delivery, infant cardiopulmonary resuscitation, and complications and abnormal deliveries; and (5) clinical experience in the labor/delivery suite. Some of the topics discussed are gynecological disorders, care and transportation of mother and child, breech births, prolapsed cord, multiple births, care of premature infant, definition and stages of labor, and post partum hemorrhage. Each unit contains these elements: behavioral objectives, teaching procedures, a content outline, demonstration outline, and lists of needed equipment and materials. Skill evaluation sheets are provided. (It is suggested that each module can be presented individually or combined with other modules to construct a course for a selected group of students. CE 017 514 is a course guide for use in planning and implementation of the total training program.) (JH)

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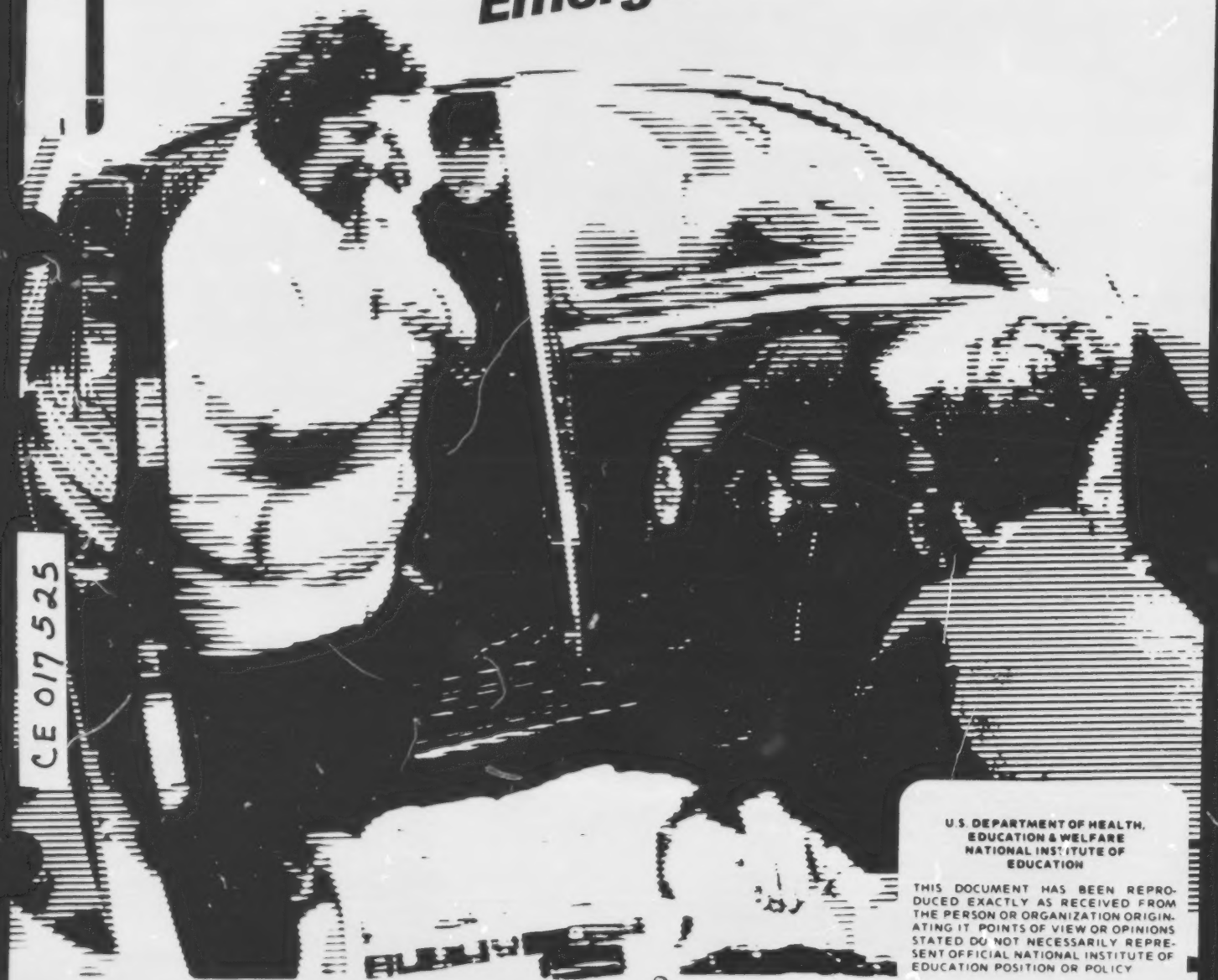
National Training Course

EMERGENCY MEDICAL TECHNICIAN PARAMEDIC

INSTRUCTOR'S LESSON PLANS

Module – XI

Obstetric/Gynecologic Emergencies



CE 017 525

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National Training Course

EMERGENCY MEDICAL TECHNICIAN PARAMEDIC

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CE 017 525

HOW TO USE THE INSTRUCTOR LESSON PLANS

NOTES

The *Instructor Lesson Plans* are guides for teaching an advanced-level training program for emergency medical technicians. The *Plans* cannot be used by the instructor to develop the competency to conduct the program; the instructor should have this as a prerequisite to teaching the course.

The *Instructor Lesson Plans* are comprised of 15 modules, each containing the information and instructions needed to conduct a program on a particular subject. Each module can be used by itself or in concert with other modules.

Each module is subdivided into instructional units that deal with a particular segment of the module subject. Generally, the units contain the following components:

- *Performance Objectives.* These are classified as knowledge (K) objectives or skill (S) objectives. They are written in behavioral terms so they can be evaluated either through observation of student activities or through results obtained under specified conditions.
- *Unit Activities.* Reading assignments, reference materials, and outside activities are presented for both the students and the instructor. If the activities are identical, only the instructor's activities are presented.
- *Equipment and Materials.* Educational equipment includes chalkboard, overhead projector, slide projector, and screen. Medical equipment and materials required are drawn from those listed in Appendix F of the *Course Guide*.

- *Content Outline.* This presents the topics to be covered during the presentation of the unit. Where appropriate, it is divided into single skills or concepts. This approach gives the instructor the flexibility to add or delete specific skills and information. The content outline also provides directions to the instructor indicating when the use of demonstrations or group discussions would be most appropriate.

  Because the units are designed to be taught by technically competent instructors, the content outlines are not specific; they only enumerate topics and subtopics. It is expected that the instructor's skill and knowledge will supplement the depth of the course content outline. The instructor is encouraged to prepare additional notes.

- *Demonstration Outlines.* These are designed to present procedural steps that are important in performing the particular skill or calculation. Steps that are critical or that may lead to common errors are emphasized. Where critical steps exist, these outlines suggest what should be demonstrated.
- *Practice Sessions.* These sessions serve as guides to activities to be performed by students applying the skills. They may be performed in the classroom or assigned as homework. During classroom practice sessions, the instructor will be available to observe and correct student performance and to answer any questions.
- *Skill Evaluations.* The skill evaluation sheets provide checkpoints for the instructor to use to insure that students are following appropriate procedures or sequences. Skill evaluation sheets also provide a convenient method for feedback to students having particular problems with a given skill, and for monitoring a student's progress in attaining skill objectives.

  The skill evaluation should occur only after the students have had an opportunity to practice the skill under the supervision of the instructor. The skill evaluation sheets can be distributed during, or before, the demonstration or practice session. Thus, they can be used as a job aid during practice. They should not be used, however, as a job aid while the student is being evaluated. The sheets are designed to provide a learning and evaluation tool

NOTES

and are not intended to mandate performance in the field in a set manner, irrespective of the patient's condition or situation.

Satisfactory performance of a given skill is defined as the correct performance of all steps in the proper sequence. The instructor's judgment is required to define correct performance and sequence of steps in a skill. Skill evaluations may be repeated at intervals throughout the course to assess skill decay and the need for remedial practice. Some instructors may wish to test skills immediately after they have been learned and again at the conclusion of the course.

The alphanumeric coding system is used to identify the various modules and units. When you see, for example, in Module II, **3.6.1.K,** the **3** indicates the unit, the **6** indicates the main instructional topic, the **1** indicates the subsection of the major topic outlined in **3.6**, and the **K** indicates the teaching objective (in this case, knowledge).

To illustrate further, **3.6.1.K** would translate into:

3 = Unit number
6 = The main topic of the instructional section (The first two numbers—e.g., **3.6**—refer to a major heading in the unit content outline.)
1 = A subsection of the major topic outlined in **3.6** (This number relates to the number of objectives listed under skill or knowledge objectives and not to the content outline.)
K = Knowledge objective
S = Skill objective

The three-digit reference numbers (e.g., **3.6.1**) within each module refer to the topical section in that module only. For example, in Module II, any topical heading with **3.6** as the first two digits refers to the discussion of the components of patient assessment in Unit 3.

A visual presentation of Unit 3, by Module II, of the coding system is presented on the following pages.

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SAMPLE PAGE

CODING SYSTEM EXAMPLES

NOTES

- Abdomen
- Extremities

3.6.1.K Given a situation describing a patient with a possible illness or injury who may or may not be able to communicate, the student should be able to describe the procedure for evaluating the patient described. Minimally, the student should include the appropriate primary assessment and specify the order of the four components of the secondary assessment and the areas of the assessment that would be emphasized.

the demonstration, auscultation of the lung, heart, and abdominal sounds.

3.6.1.S Given a student posing as a communicative patient, the student should be able to demonstrate the procedure for conducting a patient assessment when the patient is suspected of having the following:

SAMPLE PAGE

CODING SYSTEM EXAMPLES

NOTES

8. Practice Session 3

3.6. Four components of assessment (order)

A. If the patient can communicate, determine if he has a medical or trauma-related problem.

1. If a medical problem, the general order should be:
   a. Evaluate the diagnostic and vital signs.
   b. Develop the patient's history.
   c. Examine for a medical problem.

Skill Evaluation 3.6.1.S: Assessment of a Communicative Patient With a Suspected Trauma-Related Problem

Place an "X" in the appropriate column to indicate steps that are incorrect, out of sequence, or omitted. The student should be given three attempts to perform the skill.

Equipment

Student posing as a victim
Stethoscope

Clinical Training

NOTES

To present this program, it will be necessary to have access to the clinical units listed below. If a unit is not available, adjustments should be made to insure that the activities proposed for that unit are included in others. Specific guidelines for the clinical units are included in the modules. The student's training should be supervised in each of the following clinical areas:

- Emergency department
- Intensive care unit/coronary care unit
- Operating/recovery room
- Intravenous (IV) team
- Pediatric unit
- Labor suite/delivery room/newborn nursery
- Psychiatric unit
- Morgue
- Mobile intensive care unit

Sample forms for maintaining student activity records are included in the *Instructor Lesson Plans*. The forms are designed so that the medical director can determine the number of times, and how successfully, a student has performed a skill. The medical director also will be able to determine how much time the student needed to become proficient in the skill. Further, the medical director will be able to evaluate student performance under a number of preceptors, because certain skills are repeated in various clinical units (e.g., initiating an IV is performed by the student with the IV team and in the emergency department and intensive care unit).

Although the clinical experience is listed with the module, it need not be presented each time, even if a number of modules are being presented.

Testing and Evaluating the Student

It is recommended that each student be evaluated on proficiency of skill and knowledge at the completion of each module. Skill evaluation sheets have been provided for each skill in each unit. These sheets can be used as guides for evaluating the student's skill proficiency. The evaluation of the knowledge objectives is left to the discretion of the instructor, according to predetermined objectives.

Testing of knowledge should stress areas of clinical relevance over basic science. No matter what type of evaluation system is used, students should be kept informed of their progress and should be given additional activities to supplement weak areas.

As previously stated, the emphasis is on student competency, rather than on the total number of hours the student is involved in the program. Thus, it is possible for the student to be tested and given credit for any module. The medical director should not assume the student's competency simply because of prior training, but should develop an evaluation method to determine the student's proficiency based on first-hand observation and experience. With this type of method, it is possible for students to receive credit for prior training experience. This would be especially applicable for those modules that are primarily a review of skills concerned with Emergency Medical Technician-Ambulance; for example, soft-tissue injuries and rescue.

NOTES

MODULE XI OBSTETRIC/GYNECOLOGIC EMERGENCIES

INTRODUCTION

Prerequisites

The students must have successfully completed the following modules:

I. The Emergency Medical Technician, His Role, Responsibilities, and Training

II. Human Systems and Patient Assessment

III. Shock and Fluid Therapy

Description of Module

This module contains the following:

Unit 1. Anatomy and Physiology of the Female Reproductive System

Unit 2. Patient Assessment

Unit 3. Pathophysiology and Management of Gynecologic Emergencies

Unit 4. Pathophysiology and Management of Obstetric Emergencies

Unit 5. Techniques of Management: Contains three demonstrations:

5.1.1.S Normal Delivery
5.1.2.S Infant Cardiopulmonary Resuscitation
5.1.3.S Complications and Abnormal Deliveries

Unit 6. Clinical Experience: Includes experience in the labor/delivery suite

Such topics as the following are discussed in the module:

- Gynecological disorders
- Care and transportation of the mother and child
- Breech births
- Prolapsed cord
- Multiple births
- Care of premature infant
- Definition and stages of labor
- Postpartum hemorrhage
- Antepartum hemorrhage
- Ruptured uterus
- Inverted uterus
- Infant resuscitation

NOTES

UNIT 1

emt-p

ANATOMY AND PHYSIOLOGY OF THE FEMALE REPRODUCTIVE SYSTEM

NOTES

Knowledge Objectives

After completing this module, the student should be able to correctly respond to at least 80 percent* of the following:

1.1.1.K Given a diagram of the female reproductive system and the following labels:

- Ovaries
- Fallopian tubes
- Uterus
- Cervix
- Vagina
- Perineum
- Urethral opening

the student should be able to match the labels to the appropriate locations on the diagram.

1.1.2.K Given five lists, each containing at least four functions, the student should be able to correctly select the function associated with each of the following:

- Ovaries
- Fallopian tubes
- Uterus
- Cervix
- Vagina

*The selection of 80 percent as a passing criterion is arbitrary and can be modified.

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1.1.3.K Given a list of at least four definitions, the student should be able to select the definition of endometrium.

1.1.4.K Given a list of at least four statements, the student should be able to select the statement that best describes what happens to the uterine lining, if there is no fertilization.

1.1.5.K Given a list of at least four functions, the student should be able to select the function of the endometrium.

1.2.1.K Given a list of statements describing the various steps involved in pregnancy, the student should be able to place the steps in their proper order.

1.2.2.K Given a list of organs, the student should be able to select the organ in which the fetus primarily develops.

1.2.3.K Given a list of definitions, the student should be able to select the definition of the placenta.

1.2.4.K Given a list of functions, the student should be able to select the function of the placenta.

1.2.5.K Given a list of definitions, the student should be able to select the definition of the umbilical cord.

1.2.6.K Given a list of functions, the student should be able to select the function of the umbilical cord.

1.2.7.K Given a list of functions, the student should be able to select the function of the amniotic sac and amniotic fluid.

1.2.8.K Given a list of at least four definitions, the student should be able to select the definition of crowning.

1.2.9.K Given a description of a delivery, the student should be able to indicate if the delivery is cephalic or breech.

1.2.10.K Given a list of definitions (at least four), the student should be able to select the definition of labor.

1.2.11.K Given at least three definitions, the student should be able to determine if the descriptions describe the first, second, or third stage of delivery.

NOTES

Instructor Activities

Assign the material referred to below during the class period immediately before beginning the unit:

- Chapter 11, Unit 1, of the *Text*
- Knowledge objectives for this unit

Prepare a lecture following the content outline on page XI-6. Include these activities:

- Introduce the unit by explaining the purpose of the unit. Make sure the students understand the specified knowledge objectives.
- When presenting Section 1.1 of the outline, use an anatomic chart of the female reproductive system. (Note: The outline first discusses the parts of the female reproductive system, then their major function.)
  - — In this section, discuss the relationship between the reproductive system and the urethral tract and rectum.
  - — Mention the major blood vessels, and stress the importance of internal bleeding.
- In Section 1.2, discuss the steps involved in pregnancy and labor. A film, if available, would be extremely helpful. Stress the importance of the vocabulary.
- Summarize the unit when the lecture is completed.

Prepare a written test, using the knowledge objectives.

Administer the test, after the students have had an opportunity to study the material.

Equipment and Materials

Equipment—Educational

Chalkboard and chalk

Slide projector or film projector (if slides or films are used)
Anatomic chart of the female reproductive system

Equipment—Medical

None

Materials

Knowledge objectives (optional)
Written test (to be prepared by instructor)
Text

Content Outline

Introduction

Explain that the purpose of the unit is to discuss the anatomy and physiology of the female reproductive system.

Have the students read the knowledge objectives.

Inform the students that there are no demonstrations or practice sessions in this unit.

1.1. Anatomy

A. Discuss the relationships between:
   1. Reproductive system
   2. Portions of the gastrointestinal tract (orifice)
   3. Portions of the urinary tract (orifice)

B. Point out that the vaginal, rectal, and urethral orifices open into a region called the perineum.
   1. Point out that the urethral opening is anterior to the vaginal opening—both lying between the labial folds.
   2. Point out that the anus is posterior to the vagina (separated by perineum).
   3. Point out that anything causing vaginal damage or uterine damage may also cause damage to the bladder and rectum (since the structures are so close).

C. Discuss the female reproductive system.
   1. Point out that it includes:
      a. Ovaries

NOTES

b. Fallopian tubes
c. Uterus
d. Vagina

2. Discuss the ovaries.
   a. Walnut size
   b. Right and left lower quadrants
   c. Function
      (1) Produce female sex hormones
      (2) Contain ova (eggs)
3. Discuss fallopian tubes.
   a. Pear shaped (funnel shaped)
   b. Larger portion close to the ovaries, narrow end attached to the uterus
   c. Function
      (1) Contain cilia (larger end)
      (2) Draws the egg into the fallopian tube when ovulation occurs
4. Discuss the uterus (endometrial cavity).
   a. Note that the endometrium is the internal lining of the uterus.
   b. Discuss the function.
      (1) Lining provides nourishment to the fertilized egg.
      (2) If fertilization does not occur, the uterus sheds its lining—composed of blood and cells—and menstrual period occurs.
5. Discuss the cervix.
   a. Narrow opening
   b. Distal end of the uterus
   c. Function
      (1) Passing of the menstrual flow
      (2) Passing of a baby into the vagina
6. Discuss the vagina—muscular tube that connects the uterus to the external genitalia.

D. Discuss important blood vessels (knowledge only).
   1. Point out that there are three major blood vessels that supply the reproductive organs.
   2. Discuss the ovarian vessels.
      a. Originate from the aorta
      b. Supply:
         (1) Ovaries

NOTES

(2) Fallopian tubes
(3) Some branches to the uterus

3. Discuss the uterine artery—supplies most of the uterine blood.
4. Discuss the vaginal artery—supplies the vagina.
5. Point out that because of the complex blood supply, bleeding from the internal reproductive tract can be serious and fatal.

1.2. Pregnancy

A. Discuss the steps involved.
   1. Mature ovum is released once a month from one of the ovaries (during female reproductive years).
   2. Egg travels through the fallopian tubes, with the help of cilia.
   3. Uterus develops a special lining that will nourish the egg if fertilized by a sperm.
   4. If fertilized, pregnancy begins.
   5. Egg attaches to the uterine wall (usually at the top).
   6. Egg develops into a fetus and is nourished by a special organ of pregnancy.
      a. Discuss the placenta ("afterbirth").
      b. Point out that the placenta attaches to the umbilical cord, which carries oxygen and nutrients to the developing baby.
      c. Point out that the placenta contains various blood vessels that can cause serious bleeding if disturbed.
      d. Point out that as the uterus enlarges, the blood supply increases making the uterus vascular and susceptible to large amounts of bleeding.
   7. During development in the uterus, the fetus is enclosed in a thin bag.
      a. Discuss amniotic sac ("bag of waters").
      b. Point out that the fetus floats in amniotic fluid—about a liter of fluid.
      c. Point out that the bag will break during childbirth and the contents will flow out.
   8. During labor, the cervix dilates and becomes thin and permits the baby to pass through.
   9. Crowning occurs when the presenting part of the baby first bulges out of vagina.

NOTES

a. If the head presents first, it is a normal circumstance (cephalic delivery).
b. If the buttocks present first, it is a breech delivery.

B. Discuss labor.
1. Define it as the process during which the uterus repeatedly contracts to push baby and placenta out of the mother's body.
2. Point out that in the beginning of labor:
a. Contractions are widely spaced.
b. Contractions get progressively closer as labor progresses. (During the most active stage, they are 2 to 3 minutes apart, and last 30 to 45 seconds.)
3. Discuss the three stages of labor.
a. First stage—period from first contraction of uterus until the cervix is fully dilated, allowing the baby to pass into birth canal
b. Second stage—starts when the cervix is fully dilated and ends when the baby is born
c. Third stage—extends from the baby's birth until after the placenta is delivered

NOTES

Summary

- Anatomy
  - — Ovaries
  - — Fallopian tubes
  - — Uterus
  - — Cervix
  - — Vagina
  - — Perineum
  - — Urethral opening
- Pregnancy—steps involved
- Labor—stages

UNIT 2 emt-p

PATIENT ASSESSMENT

Knowledge Objectives

NOTES

After completing this module, the student should be able to correctly respond to at least 80 percent* of the following:

2.1.1.K When asked, the student should be able to list what information should be collected from a potentially pregnant patient.

2.1.2.K Given descriptions of several situations, the student should be able to determine if the patient in labor should be transported or if preparation should be made to deliver the baby at home.

2.1.3.K Given a description, the student should be able to tell the location of the baby inside the mother.

2.1.4.K Given a list of items, the student should be able to select the items indicating what should be accomplished or examined in the physical examination of a pregnant patient.

2.2.1.K Given a list of items or questions, the student should be able to select those questions that should be asked when a gynecological problem is suspected.

*The selection of 80 percent as a passing criterion is arbitrary and can be modified.

2.2.2.K Given a list of activities, the student should be able to select those activities to perform when examining a patient with gynecological problems.

2.2.3.K Given a list of activities, the student should be able to select those activities to perform and how to handle them when involved in the examination of a potential rape victim.

NOTES

Instructor Activities

Assign the knowledge objectives for this unit during the class period immediately before the beginning of this unit.

Prepare a lecture following the content outline on page XI-13. Include these activities:

- Introduce the unit (explain the purpose of the unit and explain or describe what the students are about to learn).
- Discuss obstetric and gynecologic problems of patient assessment separately. Make sure the students understand the difference.
- Summarize the lecture.

Prepare a written test using the specified objectives.

Administer the test, only after students have had an opportunity to study the material.

Equipment and Materials

Equipment—Educational

Chalkboard and chalk

Equipment—Medical

None

Materials

Knowledge objectives (optional)
Written test (to be prepared by instructor)

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Content Outline

NOTES

Introduction

- Explain that the purpose of the unit is to assess the patient with pregnancy and gynecological problems.
- Have the students read the knowledge objectives.
- Inform the students that the unit has no demonstrations or practice sessions.

2.1. Diagnosis of pregnancy

A. Early signs and symptoms
   1. Missed menstrual period
   2. Nausea
   3. Frequent passing of urine
   4. Breast tenderness or enlargement
   5. Fatigue
   6. Enlarged abdomen

B. Late signs and symptoms, history
   1. Point out that an emergency medical technician (EMT) should collect the following information while taking the history:
      a. Ask the mother if she is having her first baby.
      b. Ask her how long she has been in labor.
      c. Ask her if she feels as though she has to strain or move her bowels.
      d. Examine her for crowning.
      e. Ask her if she is under a doctor's care.
      f. Ask her if twins are expected.
   2. Discuss more on labor:
      a. Point out that the first baby will take an average labor time of 15 hours.
      b. Point out that if the mother is straining or feels she has to move her bowels, the baby has moved from the uterus to the birth canal. Sensation is caused by the baby pressing wall of vagina against the rectum.
      c. Point out that an EMT should examine for crowning.
   3. Point out that the most important decision is to transport the mother or deliver the baby at home (decision depends on history and physical examination).

C. Physical examination

1. Note the amount of vaginal bleeding.
2. Record:
   a. Blood pressure
   b. Pulse rate, strength
   c. Respiratory rate
3. Note the shape of the abdomen.
   a. Note that a lower abdominal mass may mean pregnancy.
   b. Note any other masses indicating complications.
4. Note the degree of tenderness, and determine if the pain is general or localized.
5. Note how large the mass is.
   a. Point out that a 3-month pregnancy is barely palpable above the symphysis pubis (in a thin patient).
   b. Point out that a 4-month pregnancy is midway between the umbilicus and the symphysis.
   c. Point out that a 5-month pregnancy is usually at the umbilicus.
   d. Point out that an EMT should note the size of the mass and relate it to the length of pregnancy. (If there is a difference, it may mean there is a complication or that something else is wrong.)
6. Examine the perineum to see if there is blood, water, a greenish fluid, a baby, or a placenta coming from vagina only if the woman is in labor or is traumatized.
7. Normally, do not do a vaginal examination (internal).

2.2. Gynecologic problems (problem related to female reproductive organs)

A. Patient history

1. Find out when the last menstrual period was.
   a. Was it unusual in any way?
   b. Was there bleeding between periods?
2. Find out if she could be pregnant—does she use contraceptive devices?
3. Find out if she has had any vaginal discharge.
   a. What color was the discharge?
   b. Was it "foul" smelling?

NOTES

4. Find out if there is pain.
   a. What is the quality of the pain?
   b. What is the intensity of the pain?
   c. What is the duration of the pain?
   d. What makes it better?
   e. What makes it worse?
   f. What is the temporal relation between the pain and last menstrual period?
   g. Is pain made worse by sexual intercourse?
5. If there is vaginal bleeding, determine the amount lost—the number of pads or tampons used.

B. Physical examination/gynecologic problems
   1. Complaint of abdominal pain
      a. Palpate to determine where the pain is, what quadrant.
      b. Determine if the pain is localized.
      c. Determine if it is accompanied by fever, nausea, vomiting.
      d. Determine the degree of vaginal discharge (moderate, profuse).
      e. Note:
         (1) Blood pressure
         (2) Pulse
         (3) Respirations
   2. Complaint of vaginal bleeding—no trauma
      a. Question the patient to determine the amount of blood lost.
      b. Determine the amount by checking for postural changes in the pulse.
   3. Complaint of vaginal bleeding—trauma
      a. Determine if there is internal bleeding.
      b. Determine the amount of blood lost.

C. Rape—a special case
   1. Discuss the physical and emotional problems.
   2. Discuss the potential legal ramifications.
   3. Discuss taking a history—use sensitivity.
   4. Point out that an EMT should do a primary survey.
   5. Point out that an EMT should observe for torn clothing.
   6. Point out that an EMT should check for trauma elsewhere.

NOTES

7. Point out that an EMT should check for vaginal bleeding.
8. Point out that an EMT should write a report.
   a. Remember it may become a legal document.
   b. Record what the patient said in her own words, offer no opinions.
   c. EMT should record what he observes.

NOTES

Summary

- Pregnancy
  - — Early signs and symptoms
  - — History
    a. Is this the first baby?
    b. How long has the mother been in labor; how frequent are the contractions?
    c. Is there a straining or sensation of needing to move the bowels?
    d. Are twins expected?
  - — Examination
    a. Examine for crowning.
    b. Determine the amount of vaginal bleeding.
    c. Palpate the abdomen for complications.
       (1) Shape of the mass
       (2) Size of the mass
       (3) Location of the mass

- Gynecologic problem
  - — History
    a. Last menstrual cycle period
    b. Could she be pregnant?
    c. Vaginal discharge
       (1) Amount
       (2) Type
       (3) Odor
    d. Pain
       (1) Location
       (2) Intensity
       (3) Quality

(4) Duration

(5) What makes it better or worse?

— Physical examination

a. Palpate the abdomen.

b. Check for lacerations, if the history indicates.

c. Check for vaginal bleeding, if the history indicates.

d. Determine if there is internal bleeding.

— Rape

a. Remember, it may become a court case.

b. Be sensitive.

NOTES

UNIT 3 emt-p

PATHOPHYSIOLOGY AND MANAGEMENT OF GYNECOLOGIC EMERGENCIES

NOTES

Knowledge Objectives

After completing this module, the student should be able to correctly respond to at least 80 percent* of the following:

3.1.1.K Given a list of signs and symptoms and a description of pain, the student should be able to select the signs and symptoms and pain associated with pelvic inflammatory disease.

3.1.2.K Given a list of sources, the student should be able to select the possible sources of abdominal pain.

3.1.3.K Given a description of a case of vaginal bleeding and a list of activities, the student should be able to select the proper activities to perform in that given case.

3.1.4.K Given a list of activities, the student should be able to select the activities to perform when treating external lacerations to the female genitalia.

3.1.5.K Given a list of potential injuries, the student should be able to select those injuries to look for in cases of rape.

*The selection of 80 percent as a passing criterion is arbitrary and can be modified.

Instructor Activities

Assign the material referred to below during the class period immediately before beginning this unit:

- Chapter 11, Unit 2, of the *Text*
- Knowledge objectives for this unit

Prepare a lecture following the content outline below. Include these activities:

- Combine this unit with Unit 4
- Introduce the unit
- Summarize the lecture

Prepare a written test using the specified objectives on this unit.

Test the students after they have had an opportunity to study the material.

Equipment and Materials

Equipment—Educational

Chalkboard and chalk

Equipment—Medical

None

Materials

Knowledge objectives (optional)
Written test (to be prepared by instructor)
Text

Content Outline

Introduction

- Explain that the purpose of this unit is to discuss gynecologic emergencies.

NOTES

— Pelvic inflammatory disease
— Vaginal bleeding
  a. Internal
  b. External
— Management of a rape victim

- Have the students read knowledge objectives.
- Inform the students that this unit contains no demonstrations or practice sessions.

3.1. Gynecologic emergencies

A. Introduction
  1. Point out that, in general, not much can be done in the field.
  2. Review the need to collect an adequate patient history—type of information that is important.

B. Abdominal pain
  1. Point out that the most common source is pelvic inflammatory disease (in a sexually active female)—from gonorrhea.
  2. Discuss the pain.
    a. Diffuse
    b. Localized to one of the lower quadrants
    c. May radiate to the right shoulder
    d. Sometimes severe
    e. Usually starts during the time of the menstrual period
    f. Often made worse by sexual intercourse
  3. Point out that pain is usually accompanied by:
    a. Fever
    b. Nausea
    c. Vomiting
    d. Vaginal discharge (moderate to profuse)
  4. Point out that recent menstrual history may be quite irregular.
    a. Missed periods
    b. Bleeding between periods
  5. Point out that a physical examination will reveal:
    a. Ill-appearing patient
    b. Blood pressure normal

NOTES

c. Pulse elevated
d. Fever may be present
e. Palpation of the abdomen will elicit moderate to extreme pain

6. Discuss the treatment:
   a. Make the patient comfortable in whatever position she prefers.
   b. Transport her gently to hospital.

C. Other sources of abdominal pain
1. List of:
   a. Ectopic pregnancy
   b. Ruptured ovarian cyst
   c. Appendicitis
   d. Cystitis
   e. Bladder inflammation
2. Treatment—only support and transport

D. Vaginal bleeding (no history of trauma)
1. Review the importance of the history—estimate the amount of bleeding.
   a. How long has the patient been bleeding?
   b. How many sanitary napkins or tampons have been used?
2. Discuss the physical examination and management.
   a. Check for postural changes in the pulse.
      (1) Increased pulse rate of more than 20 per minute when patient goes from a supine to a sitting position suggests the loss of one unit of blood.
   b. Manage for blood loss.
      (1) Place in a supine position with the legs elevated.
      (2) Administer oxygen.
      (3) Start an intravenous (IV) line (normal saline).
      (4) Draw blood for lab studies.
      (5) Monitor the vital signs.

E. Vaginal bleeding (trauma)
1. Lacerations to external female genitalia—management: apply direct pressure over the laceration
2. Internal bleeding
   a. Point out that bleeding can be massive.
   b. Discuss management:
      (1) *Do not* introduce packs unless bleeding is life-threatening—use a sterile towel.

NOTES

(2) Consider using Military Anti-Shock Trousers (MAST) and unit of autotransfusion.
(3) Start one or two IV lines.
(4) Monitor vital signs

F. Caring for the rape victim
1. Treat injuries.
a. Lacerations (external genitalia)
b. Lacerations (thighs, etc.)
c. Other injuries—treat accordingly
2. Be sensitive (there may be hostility to a male EMT).

NOTES

Summary

- Pelvic inflammatory disease—sources of abdominal pain
  - — Quality
  - — Quantity
  - — Intensity
  - — Could be something else
- Vaginal bleeding
  - — Amount of bleeding
  - — Internal
    - a. *Do not* insert packs
    - b. Consider MAST
    - c. Treat for shock
  - — External—apply direct pressure
- Rape—treat other injuries as well

UNIT 4 emt-p

PATHOPHYSIOLOGY AND MANAGEMENT OF OBSTETRIC EMERGENCIES

NOTES

Knowledge Objectives

After completing this module, the student should be able to correctly respond to at least 80 percent* of the following:

4.2.1.K Given a list of definitions, the student should be able to select the definition of abortion:

- Spontaneous
- Criminal
- Therapeutic

4.2.2.K Given several lists of activities, the student should be able to select the activities to perform when managing:

- Incomplete abortion (in the field)
- Placenta previa (in the field)
- Abruptio placentae (in the field)
- Ruptured uterus (in the field)

4.2.3.K Given a list of descriptions and the following labels:

- Incomplete abortion
- Placenta previa
- Abruptio placentae
- Ruptured uterus

*The selection of 80 percent as a passing criterion is arbitrary and can be modified.

the student should be able to match the description with the labels.

4.2.4.K Given several lists of signs and symptoms, the student should be able to select the signs and symptoms associated with:

- Incomplete abortion
- Placenta previa
- Abruptio placentae
- Ruptured uterus

4.2.5.K Given a list of labels, the student should be able to select the label associated with a description of a missed abortion.

4.3.1.K Given a description of signs and symptoms, the student should be able to recognize the condition as toxemia from a list of conditions.

4.3.2.K Given a list of activities, the student should be able to select the activities to perform to manage toxemia.

4.3.3.K Given a list of causes, the student should be able to select the causes of pulmonary embolism in a pregnant patient.

4.4.1.K Given a list of reasons, the student should be able to recognize the one that is most appropriate to describe the purpose of a secondary survey of a pregnant patient.

4.4.2.K Given a series of outcomes from a secondary survey, the student should be able to identify those situations in which:

- The patient should be transported.
- The patient should not be transported since birth is imminent.

4.4.3.K Given a list of activities, the student should be able to select the activities to perform if the expectant mother is to be transported to the hospital.

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4.4.4.K Given a list of procedural steps, the student should be able to identify and sequence those steps that are necessary to prepare a pregnant patient for delivery.

4.4.5.K Given a list of procedural steps, the student should be able to identify and sequence those steps that should be performed in a normal delivery.

4.4.6.K Given a list of activities, the student should be able to identify the activities to perform when the baby is delivered covered with the amniotic sac intact around it.

4.4.7.K Given a list of activities, the student should be able to select the activities to perform when the cord is wrapped around the baby's neck.

4.4.8.K Given a list of activities, the student should be able to select the activities to perform to assist the delivery of the baby's upper and lower shoulders.

4.4.9.K Given a list of activities, the student should be able to select the activities to perform in order to suction the newborn.

4.4.10.K Given a list of statements, the student should be able to select the statement that best describes how to administer oxygen to the newborn infant.

4.4.11.K Given a list of activities, the student should be able to select the activities to perform if the umbilical cord begins to bleed from either end once cut.

4.4.12.K Given a list of at least four statements, the student should be able to select the statement that best describes what to do with the baby once it is completely separate from the mother.

4.4.13.K Given a list of at least four activities, the student should be able to select the activities to perform if the placenta is not delivered within 30 minutes after the baby.

4.4.14.K Given a list of reasons, the student should be able to identify the major reason why the placenta is transported to the hospital.

4.4.15.K Given a list of activities, the student should be able to select the activities to perform when there are external lacerations in the vaginal region.

4.4.16.K Given a list of activities, the student should be able to select the activities to perform once the placenta has been delivered.

4.5.1.K Given a list of activities, the student should be able to select the activities to perform in cases of prolonged delivery.

4.5.2.K Given a list of procedural steps, the student should be able to select the steps (and put them in their proper sequence) to perform when managing the uterus.

4.5.3.K Given a list of activities, the student should be able to select the activities to perform when confronted with a uterine inversion.

4.5.4.K Given a list of causes, the student should be able to select the causes of uterine inversion.

4.6.1.K Given a list of at least four descriptions, the student should be able to select the description of a breech birth.

4.6.2.K Given a list of activities, the student should be able to select the activities to perform in case of breech delivery.

4.6.3.K Given a list of potential difficulties, the student should be able to select the potential difficulties during a breech delivery.

4.6.4.K Given a list of activities, the student should be able to select the activities to perform when the baby's head is pressed against the vaginal wall during a breech delivery.

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4.6.5.K Given a list of activities, the student should be able to select the activities to perform when the head is not delivered within 3 minutes after delivery of the trunk during a breech delivery.

4.6.6.K Given a list of descriptions, the student should be able to select the best description of a prolapsed umbilical cord.

4.6.7.K Given a list of activities, the student should be able to select the activities to perform when confronted with a prolapsed umbilical cord.

4.6.8.K Given a list of activities, the student should be able to select the activities *not* to perform when confronted with a prolapsed umbilical cord.

4.6.9.K Given a list of at least four statements, the student should be able to select the statements that best describe when the EMT should insert his hands into the vagina.

4.6.10.K Given a list of activities, the student should be able to select the activities to perform when there is an arm or leg presentation.

4.7.1.K Given a list of statements, the student should be able to select the statements that best describe how to recognize a multiple birth (assuming that the mother is not aware).

4.7.2.K Given a list of activities, the student should be able to select the activities to perform when confronted with a multiple birth.

4.7.3.K Given a list of at least four definitions, the student should be able to select the correct definition of a premature birth.

4.7.4.K Given a list of activities, the student should be able to select the activities to perform when caring for a premature infant.

4.7.5.K Given a list of activities, the student should be able to select the activities to perform when administering oxygen to a premature infant.

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4.8.1.K Given several descriptions of newborns, the student should be able to calculate an Apgar score.

NOTES

Instructor Activities

Assign the material referred to below during the class period immediately before beginning the unit:

- Chapter 11, Unit 3, of the *Text*
- Knowledge objectives for this unit

Prepare a lecture following the content outline on page XI-31. Include these activities:

- Introduce the unit (explain the purpose and briefly discuss the topics included).
- Try to have slides or pictures of:
  - — Ectopic pregnancy
  - — Placenta previa
  - — Abruptio placentae
  - — Ruptured uterus
  - — Steps involved in normal delivery (e.g., how to hold the baby, cut the cord, etc.)
  - — Uterine massage (steps involved)
  - — Uterine inversion
  - — Breech birth
  - — Shoulder dystocia
  - — Prolapsed cord
  - — Arm or leg presentation
  - — Multiple birth (placentae arrangements)
- Develop a chart for Apgar scoring procedure (see *Text*).

Develop a written test using the knowledge objectives.

Test the students after they have had an opportunity to study the material.

NOTE: This unit is not a skill unit; there are no skill objectives.

Equipment and Materials

NOTES

Equipment—Educational

Chalkboard and chalk
Slide projector and screen (if slides are available and used)

Equipment—Medical

Slides of the following, if available:
Ectopic pregnancy (recognition)
Placenta previa (location of placenta)
Abruptio placentae (location of placenta)
Ruptured uterus
Normal delivery (steps involved, position of baby)
Uterine massage (steps involved)
Uterine inversion
Breech birth
Prolapsed cord
Arm or leg presentation
Multiple birth (arrangement of placenta)

Materials

Knowledge objectives (optional)
Written test (to be prepared by instructor)
Text
Apgar scoring sheet

Content Outline

Introduction

- Explain that the purpose of the unit is to discuss:

  — Antepartum hemorrhage
    a. Abortions (types and classifications)
    b. Management of abortions
    c. Ectopic pregnancy (definition, recognition, and treatment)

NOTES

d. Placenta previa (definition, recognition, and management)
e. Abruptio placentae (definition, recognition, and treatment)
f. Ruptured uterus (definition, recognition, and treatment)
g. Toxemia
h. Pulmonary embolism
i. Car accidents and a pregnant patient

— Normal delivery (steps and procedures)
— Complications
  a. Prolonged delivery
  b. Excessive bleeding
  c. Uterine inversion
  d. Supine hypotensive syndrome
— Abnormal deliveries
  a. Breech
  b. Prolapsed cord
  c. Arm or leg presentation
— Multiple childbirth and premature births

- Have the students read the knowledge objectives.
- Inform the students that there are no demonstrations or practice sessions.

4.1. Introduction—types of antepartum complications

A. Hemorrhage
  1. Abortion
  2. Ectopic pregnancy
  3. Placenta previa
  4. Abruptio placentae
  5. Ruptured uterus
  6. Postpartum hemorrhage
B. Infection
  1. Abortion
  2. Intrapartum infection
  3. Postpartum infection
C. Toxemia
  1. Cerebral hemorrhage
  2. Renal failure

3. Seizures
4. Pulmonary edema

D. Vascular accident
1. Intracranial hemorrhage
2. Embolism
a. Blood
b. Amniotic fluid

E. Abortion

4.2. Antepartum hemorrhage complications

A. Abortions (introduction)
1. Define them as the loss of a fetus before the 20th week of gestation—miscarriage.
2. Discuss the types of abortions:
a. Spontaneous abortion (one occurring naturally)
b. Criminal abortion (illegal attempt—usually under highly unsterile conditions)
c. Therapeutic abortion (authorized in medical setting for justified medical reasons)
3. Discuss classification by stages:
a. Threatened abortion: characterized by bleeding during pregnancy, pain (menstrual cramps), and softening and dilatation of cervix—may go to a complete abortion or subside and the pregnancy continue. Treatment is bed rest.
b. Inevitable abortion: characterized by vaginal bleeding, uterine contractions, and cervical dilatation. Treat by giving an IV (saline).
c. Incomplete abortion: uterus is not entirely rid of its contents—part of the fetus may be expelled while part remains.
d. Missed abortion: fetus has died at less than 20 weeks and is retained in uterus for at least 2 months—uterus hardens, fetal heart sounds stop. Treatment is to transport the patient to the hospital.

B. Discuss an incomplete abortion:
1. There is vaginal bleeding.
2. There are cramps in the lower abdomen (described as labor pains or menstrual cramps).
3. Patient may have passed tissue.

NOTES

4. Uterus is not palpable, or is below the umbilicus and mildly tender.
5. Management of the patient is to:
   a. Be supportive until the uterine contents are removed.
   b. Start an IV (perhaps Pitocin). Note: Using Pitocin in normal saline will usually facilitate uterine contractions.
   c. Draw blood for a lab study.
   d. Remember that bleeding will usually stop after all the contents are removed.
6. Contents must be removed by physician under anesthesia (dilatation and curettage—D&C).

C. Ectopic pregnancy
1. Define this as pregnancy outside the endometrial cavity, for example, fallopian tubes, cervix, the ovaries, or the abdominal cavity. Point out that it can be serious and can cause severe internal bleeding.
2. Discuss how to recognize it.
   a. Abdominal pain—usually occurs early in pregnancy
   b. Missed period
   c. Vaginal spotting
   d. Other pain
      (1) Shoulder pain
      (2) Subdiaphragmatic pain
   e. Urge to defecate (caused by blood in the abdomen)
   f. Abdomen tender, distended with blood (but internal bleeding may not be apparent)
   g. Postural change in pulse indicating shock
3. Discuss management—treat for shock if present and transport.

D. Placenta previa (third-trimester bleeding)
1. Description—placenta is presenting part
   a. Usually placenta attaches at the top of the cervix
   b. But in placenta previa, it lies near or over the cervix
   c. When the cervix dilates, blood vessels are torn, causing painless bleeding
   d. Dangers are:
      (1) That trauma to the placenta can be caused by intercourse or by examination

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(2) Worse bleeding. An EMT must *not* place anything in the vagina when there is third-trimester bleeding.

2. Recognition
   a. Point out that there is painless vaginal bleeding often associated with uterine contractions.
   b. Point out that this bleeding often occurs during the seventh month of pregnancy.
   c. Point out that there is a history of vaginal bleeding during early pregnancy.
   d. Point out that upon examination:
      (1) Uterus is soft but not tender
      (2) Baby may be in an abnormal position
3. Management
   a. Administer oxygen.
   b. Treat for shock if present.
   c. IV—normal saline or plasmanate.
   d. Draw blood for a lab study.
   e. Elevate the legs.
   f. Note that definitive treatment is a cesarean section.

E. Abruptio placentae (third-trimester bleeding)
1. Description: placenta separates from the uterine wall causing bleeding—also results in cessation of oxygen to the baby
2. Recognition
   a. Often external hemorrhage
   b. Severe abdominal pain
3. Management
   a. Point out that it is the same as for placenta previa (treat for shock)—IV line.
   b. Point out that an EMT should draw blood.
   c. Point out that an EMT should administer oxygen.
   d. Point out that an EMT should keep the patient warm.

F. Ruptured uterus
1. Description: the uterine wall thins as it enlarges. Ruptures typically occur in patients who have uterine scars. Causes are:
   a. Scars
      (1) Cesarean
      (2) Uterine surgery

NOTES

b. Patients with many previous pregnancies
c. Baby is too large

2. Recognition
   a. Patients will report a tearing sensation, constant area of pain, nausea, or shock.
   b. Vaginal bleeding may be minimal.
   c. Uterus will be hard.
3. Treatment
   a. Keep the patient warm.
   b. Administer oxygen.
   c. Start an IV.
   d. Place the patient horizontally on her side.

G. Summary of treatment for antepartum hemorrhage
1. Give oxygen.
2. Turn the mother to her left side, with legs elevated.
3. Start an IV (lactated Ringer's or plasma expander).
4. Draw blood for a lab test.
5. Keep the patient warm.

4.3. Other antepartum complications

A. Preeclampsia
1. Description
   a. Point out that it is unique to pregnancy.
   b. Point out that it produces generalized vasospasms of an unknown origin.
   c. Point out that it usually occurs in the younger patient.
   d. Point out that it only occurs beyond 20 weeks.
2. Recognition
   a. Point out that the patient is:
      (1) Edematous
      (2) Pale
      (3) Obese
      (4) Hyperactive
   b. Point out that in severe cases, there are:
      (1) Headaches
      (2) Visual problems
      (3) Epigastric pain
      (4) Apprehension
      (5) Seizures

NOTES

3. Management
   a. Administer oxygen.
   b. Maintain a clear airway.
   c. Position the patient on her left side.
   d. Place the patient in a darkened room.
   e. Keep the patient calm and quiet (do not transport with sirens and flashing lights).
   f. Start an IV—D5W.
   g. Anticipate a seizure—have ready:
      (1) Valium
      (2) Magnesium sulfate

B. Vascular accidents
   1. Pulmonary embolism
      a. Causes
         (1) Blood clots form in the legs or pelvic veins and move to the lungs.
         (2) Amniotic fluid may enter the venous system and move to the lungs.
      b. Signs and symptoms
         (1) Red, hot, tender areas in the leg (rare)
         (2) Dyspnea
         (3) Tachypnea
         (4) Tachycardia
         (5) Unexplained hypotension
      c. Treatment—same as for a nonpregnant person

C. Traumatic incident
   1. Discuss the symptoms.
      a. Tender, tense uterus
      b. Some vaginal bleeding
   2. Point out that it can result in:
      a. Death to the mother
      b. Death to the fetus
      c. Abruptio placentae
   3. Discuss management:
      a. Cardiopulmonary resuscitation for the mother should be performed if needed (same as for nonpregnant women).
      b. If the mother dies, a cesarean may save the baby (10 to 15 minutes after mother's death).

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4.4. Normal delivery

NOTES

A. Point out that the judgment is to transport or not to transport.
   1. Review the important history items to collect:
      a. First baby?
      b. Length of labor; interval between contractions
      c. Is she straining?
      d. Does she feel she has to move the bowels?
   2. Review the steps in examination:
      a. Time the contractions (if 5 minutes apart, there is usually time to get to hospital; if less than 2 minutes apart, delivery is impending).
      b. Examine for crowning.
      c. Look for signs of toxemia—always check vital signs on every pregnant patient.
      d. Point out that an EMT should examine the abdomen.
         (1) With each contraction, it becomes hard.
         (2) Between contractions, the uterus should be soft.
         (3) Fetal heart tones (very difficult to hear in the field).
      e. Point out that an EMT should inspect the vagina.
         (1) Crowning
         (2) Amount of bleeding
         (3) Color of discharge (amniotic fluid is usually clear; greenish color indicates meconium—baby stool)
   3. Point out that using this information, an EMT must determine the stage of labor and make a decision.

B. Discuss what to do if the judgment is to transport.
   1. Discuss the steps:
      a. Prepare the mother.
      b. Notify the delivery room.
      c. Prepare himself for possible delivery during transport.
   2. Point out that when an EMT prepares the mother, he must:
      a. Transport in a reclining position
      b. Remove any underclothing that might obstruct the delivery

c. Do not allow the mother to go to the toilet
d. Never attempt to delay or restrain a delivery

C. Discuss what to do if the judgment is to deliver (prepare the patient):
1. Place the mother on a bed, sturdy table, or ambulance cot—the latter has advantages and disadvantages (advantage—easy to transport, if complications; disadvantages—hard to approach perineum and stabilize legs).
2. Place a sheet under the mother's buttocks and lower back.
a. Have the mother bend her knees and separate (spread) her thighs.
b. At this time, have an assistant
(1) Start an IV—D5W, keeping an open rate
(2) Position himself at the mother's head and have her head turned to one side (in case she vomits, have suction equipment and basin ready—this will also avoid airway problems)
3. Wash hands, open obstetrical (OB) kit.
a. Put on sterile gloves, gown, etc.
b. Arrange the material and equipment in a nearby location.
4. Drape the mother and place towels.
a. One on the abdomen
b. One on each thigh
c. One directly under the perineum
5. Remember that everything but the vaginal area should now be protected.

D. Delivery (normal birth)
1. Encourage the mother to relax and take slow, deep breaths.
2. Be sure that the sensation of a bowel movement is the normal feeling caused by pressure of the baby on the rectum.
3. When the baby's head begins to emerge, remember that there may be a slight tearing on the vaginal opening; this is of little consequence and can be handled later—it can be minimized by placing a towel firmly against the perineum with one hand.
4. Place one hand just below the vaginal opening with

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fingers at the perineum (to prevent baby's contact with the anal area).

5. Using the other hand, support the baby's head.
   a. Be careful; the center of the skull is soft—distribute your fingers.
   b. Remember that undue pressure may cause damage to the underlying brain.
   c. *Do not* attempt to pull the baby from the vagina.
   d. Prevent an explosive delivery.
6. If membranes cover the baby's head as it emerges, tear the sac with the fingers or forceps to permit the escape of amniotic fluid.
7. Check to see if the umbilical cord is wrapped around the baby's neck.
   a. If it is, carefully slip it over the shoulders.
   b. If this is unsuccessful and the cord is tight around the neck, use umbilical clamps 2 inches apart and cut the cord between the clamps.
8. Continue to support the head as the baby is delivered.
   a. Head is usually face down.
   b. When the shoulders pass through the birth canal, the baby turns facing his mother's thigh—turning helps the shoulders to pass.
   c. Upper shoulder usually is delivered first (to assist, gently guide the baby's head downward, but do not use force).
   d. Lower shoulder comes next—gently guide the baby's head upward.
   e. The rest will come quickly; be careful, babies are slippery.
9. When the baby is fully delivered, grasp it like a football—laying it on your arm.
   a. Point out that an EMT should wipe away blood and mucus from the mouth and nose with sterile gauze.
   b. Point out that an EMT should take a rubber bulb aspirator and suction (both the mouth and nose—both nostrils).
      (1) Start suctioning as soon as the head is delivered.
      (2) Squeeze the bulb before inserting the tip, then place in the mouth or nose and release the bulb.

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(3) Expel the contents in a waste container (repeat suctioning as needed).

c. Point out that after suctioning, the baby should breathe spontaneously.
   (1) If not, slap the soles of feet.
   (2) If still no response, start resuscitation.
   (3) If spontaneous breathing begins, administer oxygen.
   (4) If there is no breathing and no pulse, start cardiopulmonary resuscitation.

10. Note that when cutting the cord:
    a. Place the baby on his side on a sterile sheet or blanket.
    b. Wait for pulsations in the cord to cease.
    c. Clamp the cord about 8 inches from the infant's navel.
    d. Place another clamp about 2 inches away from the first clamp.
    e. Cut the cord between the two clamps.
       (1) Watch the cord—it will tear easily.
       (2) Examine the cut ends to be sure that there is no bleeding—if there is tie the cord proximal to the clamp.
11. Wrap the baby in a sterile blanket and keep it warm (it is customary to place the baby on mother's abdomen).
12. Note that during the delivery of the placenta (afterbirth):
    a. Delivery usually occurs within 20 minutes.
    b. Bleeding may be expected as the placenta separates. When this occurs, firmly massage the uterus to aid in the contractions.
    c. EMT should never pull on the cord to deliver the placenta.
    d. Placenta should be saved in a basin or plastic bag and transported with the mother—any remaining portions will cause continual vaginal bleeding.
    e. EMT should examine the perineum for lacerations and apply pressure to any tears.
    f. EMT should add 10 units of Pitocin to IV bottle and drip slowly.
    g. If the placenta is not delivered in 30 minutes, the

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EMT should transport mother and baby to the hospital.

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4.5. Complications of delivery

A. Resuscitation of a newborn infant
   1. Note if the baby is breathing within 30 seconds after delivery; if not, resuscitate.
   2. Clean the airway again using suctioning.
   3. Slap the feet or rub the back.
   4. Begin mouth-to-mouth resuscitation, using very small puffs—if there is spontaneous breathing, administer oxygen. Be careful—do not place the mask directly over the face, but hold it some distance away.
   5. If there is no spontaneous breathing, check the pulse.
      a. If there is no pulse, start cardiopulmonary resuscitation—place fingers on the sternum, apply a little pressure.
      b. Start to transport. Remember, the cord is still intact and the placenta is not delivered, so move the mother and baby carefully.
      c. Never use a mechanical resuscitator.

B. Prolonged delivery—if contractions are 2 minutes apart and delivery does not occur in 20 minutes, transport immediately; there may be complications.

C. Excessive bleeding after delivery (postpartum bleeding).
   1. Point out that if severe, EMT should try uterine massage.
      a. Place a sanitary napkin over vaginal opening (*Do not* pack).
      b. Have the mother close legs and lower them.
      c. Place her flat with her feet extended.
      d. Look for a mass in the lower abdomen, uterus.
      e. Massage the area.
         (1) Point out that massage causes blood vessels to constrict.
         (2) Point out that an EMT should not push down toward vagina.
      f. Add 10 units of Pitocin to an IV bottle.
   2. Discuss external vaginal bleeding—apply direct pressure.

D. Uterine inversion
   1. Description: uterus turns inside out
   2. Causes
      a. Excess pressure on the uterus
      b. Strong contraction on the umbilical cord in an effort to deliver the placenta
   3. Treatment—for shock
      a. Keep the patient flat.
      b. Administer oxygen.
      c. Start two IV lines with colloid or normal saline.
      d. If the placenta is still attached, do not remove it.
      e. Try once to replace the uterus manually—exert pressure on area closest to the cervix. If this does not work, pack all protruding tissue with moist towels.

E. Pulmonary embolism
   1. Look for:
      a. Sudden dyspnea, tachypnea
      b. Tachycardia
      c. Hypotension
   2. Treat the same as nonpregnant patient.

4.6. Abnormal deliveries

A. Types
   1. Breech presentation
   2. Prolapsed cord
   3. Arm or leg presentation

B. Breech
   1. Description: buttocks—first presentation
   2. Management
      a. Prepare and drape the mother as in a normal delivery.
      b. Allow the buttocks and trunk to be delivered spontaneously—when the legs are clear, support the trunk, letting the legs dangle.
      c. Head usually delivers of its own accord. Difficulties are:
         (1) Umbilical cord squeezing against the vaginal wall cutting off circulation to the baby
         (2) Baby's face pressed against the vaginal wall

NOTES

(3) Head not delivered within 3 minutes

3. Managing difficulties
   a. Baby is spontaneously breathing and face is pressed against the vaginal wall.
      (1) Place your gloved hand in the vagina, palm facing the baby's face.
      (2) Form a V with one finger over the baby's nose.
      (3) Push the vaginal wall away from the baby's face.
      (4) Control the delivery, *do not* allow an explosive delivery.
      (5) *Do not* attempt to pull the baby out.
      (6) Rest as in a normal delivery.
   b. Head does not deliver in 3 minutes
      (1) Perform the above.
      (2) Maintain an airway for the baby as above and transport to the hospital.

C. Prolapsed umbilical cord
   1. Description: the cord is the presenting part and is squeezed between the baby and the vaginal wall (as is possible in breech birth) cutting off the oxygen supply to baby
   2. Recognition: cord comes out before the baby
   3. Management
      a. Administer oxygen to the mother.
      b. Place the mother in:
         (1) Supine position with her hips elevated or
         (2) Knee-chest position
      c. With gloved hand, push the baby several inches up the vaginal wall.
         (1) Point out that this relieves pressure on the cord, allowing circulation of oxygen.
         (2) Point out that the EMT must distribute his fingers on head, because it is soft.
      d. *Do not* attempt to push the cord back—be sure not to put any pressure on it.
      e. Keep the mother warm.
      f. Transport the baby and mother to the hospital, keeping pressure on the baby.
   4. Note: breech presentation and prolapsed cord are the

NOTES

only situations in which an EMT should put his hand in the mother's vagina.

D. Arm or leg presentation
   1. Management
      a. Transport to the hospital immediately
      b. Special procedures are needed
   2. Treatment
      a. Administer O_2 (oxygen).
      b. Monitor fetal vital signs.

4.7. Other childbirth situations

A. Multiple births
   1. Point out that there are generally no unique problems.
   2. Point out that they are delivered in the same manner as single babies.
   3. Discuss recognition:
      a. Mother is usually aware.
      b. Mother's abdomen is large and remains large after the delivery of the first baby.
   4. Discuss management:
      a. Point out there may be one or two placentae.
      b. Point out that an EMT should tie the cord of the first baby to prevent hemorrhage from the second.
      c. Point out that placentae are then delivered in a normal way.
      d. Point out special considerations—twins are usually smaller and need to be kept warm during transport.

B. Premature births
   1. Definition: baby less than 5 pounds, born before the seventh month
   2. Recognition—head is larger than the rest of the baby (in proportion)
   3. Management
      a. Keep the baby warm.
         (1) Wrap in blankets.
         (2) Wrap in aluminum foil.
         (3) Keep the temperature at least 90°.
      b. Keep the baby's mouth and nose clear of fluid, with a bulb syringe.

NOTES

c. Prevent bleeding from the umbilical cord (examine and apply another clamp, if necessary).
d. Give oxygen into a tent (not directly in face)—use aluminum foil for the tent.
e. Prevent contamination.

NOTES

4.8. Apgar scoring

A. Procedure for immediately evaluating a newborn baby.
   1. Devised by Virginia Apgar
   2. Based on
      a. A: appearance (color)
      b. P: pulse (heart rate)
      c. G: grimace (reflex irritability to slap on sole of foot)
      d. A: activity (muscle tone)
      e. R: respiration (respiratory effort)

B. Scoring
   1. Point out that each of the above parameters gets a score of 0 to 2
      a. 7–10—they cough or cry within seconds of delivery
      b. 4–6—moderately depressed, pale, or blue after delivery
   2. Present sample charts illustrating the scoring and describe neonate's condition.

UNIT 5 emt-p

TECHNIQUES OF MANAGEMENT

NOTES

Skill Objectives

After completing this module, the student will be able to correctly perform each of the skill objectives. "Correctly" will be defined by the instructor during the lecture and demonstration sessions. Skill evaluation sheets are included in the module.

5.1.1.S Given an obstetric manikin, an OB kit, and an assistant, the student should be able to perform the steps involved in a normal delivery, including:

- Preparation of the mother
- Secondary survey of the mother
- Delivery of the infant
- Care of the infant upon delivery
- Delivery and care of the placenta
- Care of the mother after delivery

5.1.2.S Given an infant manikin, the student should be able to correctly perform the steps involved in resuscitation and cardiopulmonary resuscitation (CPR) of the infant manikin. The criteria established by the American Heart Association should be used for the evaluation.

5.1.3.S Given blankets, obstetric manikin, aluminum foil, and an OB kit, the student should be able to correctly perform the steps involved in:

- Care for the premature infant
- Cases of excessive bleeding of the mother
- A breech birth
- An arm or leg presentation
- Prolapsed cord delivery

The student must be able to perform all the above activities.

Instructor Activities

Prepare and present the following demonstrations:

5.1.1.S Normal Delivery
5.1.2.S Infant CPR
5.1.3.S Complications and Abnormal Deliveries

- Premature-infant care
- Breech birth
- Prolapsed cord
- Arm or leg presentation

Demonstration outlines have been provided. Before presenting the first demonstration, however, show a film on emergency childbirth.

Prepare and implement a practice session for the students following the practice session outline on page XI-56.

Test the students using the skill evaluation sheets. Set up two skill evaluation stations (one to handle childbirth, and the complications and abnormal childbirth, and one to handle infant CPR).

Equipment and Materials

Equipment—Educational

Film and film projector (if film is to be shown).

Equipment—Medical

OB kit
Four towels

NOTES

Drape sheets
Several pairs of rubber gloves
Three hemostats
Surgical scissors
Twelve 4-× 4-inch gauze pads
Umbilical clamps
Rubber-bulb ear syringe
Sanitary napkins
Plastic bags or pan
Blankets
Empty oxygen tank and accessories
Aluminum foil
Obstetric manikin
Obstetric infant manikin
Infant manikin

Materials

Film ("Emergency Childbirth")
Skill objectives
Skill evaluation sheets
Demonstration outlines

Content Outline

Introduction

- Explain that the purpose of the unit is to demonstrate and practice the following skills:

  — Normal delivery
  — Resuscitation of a nonbreathing infant
  — Abnormal deliveries and complications
    a. Breech birth
    b. Prolapsed cord
    c. Premature infant management
    d. Unbroken amniotic sac
    e. Excess bleeding of mother

- Have the students read skill objectives.

NOTES

5.1. Summarize the last unit

A. Point out that the last unit was not skill oriented; this unit is.
B. Discuss a normal delivery.
   1. Point out that the task for an EMT is to merely help the mother and protect the baby; he must guide the baby, not pull it out of the vagina.
   2. Show the film (e.g., "Emergency Childbirth").
   3. Discuss the aspects of the film.
   4. Introduce Demonstration 5.1.1.S.
C. Discuss care for the nonbreathing infant.
   1. Resuscitation after suctioning
   2. Perhaps CPR
   3. Demonstration 5.1.2.S
D. Discuss abnormal deliveries and complications.
   1. Types of complications
      a. Premature infant
      b. Excessive bleeding of the mother
      c. Unbroken amniotic sac
   2. Types of abnormal deliveries
      a. Breech birth
      b. Prolapsed cord
      c. Arm or leg presentation
   3. Demonstration 5.1.3.S
E. Introduce Practice Session 1

NOTES

Demonstration 5.1.1.S: Normal Delivery

NOTES

Equipment

OB kit
Obstetrical manikin

Procedure

Have all equipment and the manikin ready.

Inform the students that it is not necessary to take notes during the demonstration.

Demonstrate and explain every step.

Demonstrate so that all the students can see and hear.

Steps

1. Perform a secondary survey of a pregnant patient:
   a. Is this the first baby?
   b. How long has she been in labor?
   c. How close are the contractions?
   d. Does she feel as if she has to move her bowels?
   e. Is crowning evident? Point out need to explain to the husband and patient what is being done and why.
2. Prepare the patient for delivery:
   a. Place the patient on portable stretcher or bed.
   b. Place an assistant at the head of the patient.
   c. Assemble the equipment; point out each piece of equipment required.
   d. Place a clean sheet under the patient.
   e. Position the patient.
   f. Drape the patient.
   g. Calm the patient and instruct her to relax between contractions.
   h. Dress in a sterile gown and gloves.
3. Observe for the presenting part. Abnormal presentations will be covered in another demonstration.
4. Prepare for the actual delivery. Point out:
   a. Placement of hands.
   b. Prevention of an explosive birth.
   c. Support of the baby's head.
   d. Need to free the umbilical cord if it is wrapped around the neck.

NOTES

e. Need to aspirate the infant.
f. Need for the mother to relax.
g. Need to guide the head down and up to free the shoulders after the head rotates.
h. Need to never force or pull. Delivery is a normal function and rescuer is only an assistant.
i. Need to support the baby's shoulders and head during final phase of delivery.

5. Position the infant and aspirate.
6. Look, listen, and feel for respiration.
7. Clean the baby.
8. Clamp the umbilical cord and cut. Point out:
   a. Need to clamp after it ceases pulsating.
   b. Where to clamp and tie.
   c. Where to cut the cord.
   d. If a multiple birth is expected or suspected, do not cut the cord. Point out why.
   e. Need to place the baby on its side on mother's abdomen or chest.
   f. Need to check the cord for bleeding and reclamp it if necessary.
9. Deliver the placenta. Point out:
   a. If it does not deliver in 20 minutes, take the patient to the hospital.
   b. Need to wrap the placenta and take it to the hospital.
10. Care for the mother:
   a. Clean the area around birth canal.
   b. Dress any tear in the perineum.
   c. Apply a sanitary napkin. Do not pack the vaginal canal.
   d. Position the mother with her legs lowered and held together.
   e. Clean the area and replace blood-soaked sheets.
   f. Add Pitocin to the IV bottle.

NOTE: After the demonstration, ask the students if they have any questions or if they would like to see part of the demonstration repeated. Depending on the approach and schedule, the instructor may want the students to practice at this time or at least have one student repeat the demonstration, with the instructor talking the student through the skill, pointing out the errors.

Demonstration 5.1.2.S: Infant CPR

NOTES

Equipment

Infant manikin

Procedure

Have the manikin ready.
Note that this demonstration should be a review for the students.
Demonstrate and describe each step as it is performed.
Demonstrate so that all students can see and hear.

Steps

1. Look, listen, and feel for respirations.
2. If absent:
   a. Continue aspiration.
   b. Tickle the feet.
3. If still absent:
   a. Establish an airway.
   b. Ventilate the infant using the mouth-to-mouth method. Use four small, quick puffs.
   c. Check the pulse.
   d. If it is absent, compress the chest ½ to ¾ inches using fingertip at rate of 100 per minute.
   e. Interpose ventilations after every five compressions or at a rate of 20 per minute.
4. Discuss why mechanical resuscitators should never be used.

NOTE: After the demonstration, ask the students if they have any questions or if they would like to see part of the demonstration repeated. Depending on the approach and schedule, the instructor may want the students to practice at this time or at least have one student repeat the demonstration, with the instructor talking the student through the skill, pointing out the errors.

Demonstration 5.1.3.S: Complications and Abnormal Deliveries

NOTES

Equipment

Obstetrical manikin
Infant obstetrical manikin
Aluminum foil
Blankets
OB kit
Oxygen tank (empty)

Procedure

Have the manikin and equipment ready.

Inform the students that this demonstration consists of several small demonstrations.

Demonstrate and explain each of the steps.

Demonstrate so that all the students can see and hear.

Steps—Complications

A. Premature infant
   1. Need for warmth. Point out how to wrap the baby.
   2. Need for special respiratory care. Point out the administration of oxygen; how to make tent (what material to use).
   3. Need for sterile environment.
   4. Need to prevent excessive bleeding.

B. Excessive bleeding of the mother
   1. Place a sanitary napkin over the vaginal opening.
   2. Position the mother with her legs down and closed.
   3. Place the mother supine.
   4. Massage the uterus gently (demonstrate how). Discuss why this helps.
   5. Treat for shock (IV fluids to be administered, MAST).

C. Unbroken amniotic sac
   1. Discuss the steps.
   2. Discuss the need to assure an airway.

Steps—Abnormal Deliveries

A. Breech delivery
   1. Determine if the presenting part are the buttocks.

2. Position your hands.
3. Support the legs and trunk.
4. Deliver the arms. Point out:
   a. Need to bring the arms in place if above the head
   b. How to move the arms down
5. Deliver head.
6. If head does not deliver in 2 to 3 minutes, point out:
   a. Need to maintain an airway
   b. How to maintain an airway
   c. Need to administer oxygen to the mother

B. Arm or leg presentation and umbilical cord presentation
   1. Administer oxygen.
   2. If the umbilical cord presented, push the infant back in birth canal and hold. Point out the danger of this situation.
   3. Transport to the hospital.

NOTE: After the demonstration, ask the students if they have any questions or if they would like to see part of the demonstration repeated. Depending on the approach and schedule, the instructor may want the students to practice at this time or at least have one student repeat the demonstration, with the instructor talking the student through the skill, pointing out the errors.

NOTES

Practice Session 1

Equipment

OB kit
Obstetrical manikin
Infant manikin
Aluminum foil
Blankets
Oxygen tank (empty)
Infant obstetrical manikin

Procedure

Divide the class into two groups.
Separate the equipment approximately for each of the two groups.
Have the first group practice the following skills:

- Normal delivery
- Breech birth
- Prolapsed cord
- Arm or leg presentation

Have the remaining group practice an infant CPR.
Circulate between the two groups and correct any errors.

NOTES

Student's name _____

Date _____

Pass 1 2 3

Fail 1 2 3

Skill Evaluation 5.1.1.S: Management of a Normal Delivery

Place an "X" in the appropriate column to indicate the steps that are incorrect, out of sequence, or omitted. The student should be given three attempts to perform the skill.

Equipment

OB kit
Obstetrical manikin

Procedure

Have the manikin and equipment ready.
Inform the student on what he is to be evaluated:

- Secondary survey of mother
- Preparation of mother
- Delivery of infant
- Care of infant after delivery
- Delivery and care of placenta
- Care of mother after delivery

Give the student an opportunity to practice if he so desires, but inform him that you cannot help during this time.

Let the student begin when he is ready.

During the secondary survey, answer the questions asked by the student when he collects the history.

Steps

___ ___ ___ A. Perform a secondary survey of a pregnant patient:

NOTES

NOTES

___ ___ ___ 1. Ask the proper questions.

___ ___ ___ 2. Explain the need to conduct the examination.

___ ___ ___ 3. Conduct the examination.

___ ___ ___ B. Prepare the patient for delivery:

___ ___ ___ 1. Place the patient properly.

___ ___ ___ 2. Place an assistant properly.

___ ___ ___ 3. Assemble the equipment.

___ ___ ___ 4. Place a sheet under the patient.

___ ___ ___ 5. Position the patient.

___ ___ ___ 6. Drape the patient.

___ ___ ___ 7. Calm the patient.

___ ___ ___ 8. Dress for delivery.

___ ___ ___ C. Delivery of infant:

___ ___ ___ 1. Place the hands correctly.

___ ___ ___ 2. Support the head.

___ ___ ___ 3. Free the umbilical cord.

___ ___ ___ 4. Aspirate the infant.

___ ___ ___ 5. Deliver the shoulders.

___ ___ ___ 6. Support the shoulders and head during final delivery.

NOTES

___ ___ ___ D. Care of the infant:

___ ___ ___ 1. Position of the infant.

___ ___ ___ 2. Look, listen, feel.

___ ___ ___ 3. Clean the infant.

___ ___ ___ 4. Clamp the cord and cut.

___ ___ ___ E. Care of the placenta:

___ ___ ___ 1. Deliver the placenta to the hospital.

___ ___ ___ 2. Wrap for transport to the hospital.

___ ___ ___ F. Care of the mother:

___ ___ ___ 1. Clean the birth canal area.

___ ___ ___ 2. Dress perineum if it is torn.

___ ___ ___ 3. Apply a sanitary napkin.

___ ___ ___ 4. Position the mother.

___ ___ ___ 5. Clean the area.

Student's name _____

Date _____

Pass 1 2 3

Fail 1 2 3

Skill Evaluation 5.1.2.S: Infant CPR

Place an "X" in the appropriate column to indicate the steps that are incorrect, out of sequence, or omitted. The student should be given three attempts to perform the skill.

Equipment

Infant manikin

Procedure

Have the equipment ready.

Inform the student on what he is to be evaluated.

Give the student an opportunity to practice the skill if he so desires, but inform him that you cannot help him during this practice.

Start when the student is ready.

Steps

___ ___ ___ A. Look, listen, feel.

___ ___ ___ B. Attempt to stimulate breathing.

___ ___ ___ C. Establish an airway.

___ ___ ___ D. Ventilate the infant.

___ ___ ___ E. Check the pulse.

___ ___ ___ F. Begin compressions:

___ ___ ___ 1. Rate

___ ___ ___ 2. Interposed ventilations

NOTES

Student's name _____

Date _____

Pass 1 2 3

Fail 1 2 3

Skill Evaluation 5.1.3.S: Complications and Abnormal Deliveries

Place an "X" in the appropriate column to indicate the steps that are incorrect, out of sequence, or omitted. The student should be given three attempts to perform the skill.

Equipment

OB kit
Blankets
Aluminum foil
Obstetrical manikin
Infant obstetrical manikin
Empty oxygen tank

Procedure

Have equipment and materials ready.
Inform the student he will be evaluated on:

- Caring for the premature infant
- Handling excessive bleeding of the mother, including techniques of uterine massage
- Breech birth
- Arm or leg presentation
- Prolapsed cord

Give the student an opportunity to practice if he so desires, but inform him that you cannot help him or answer any questions during this time period.

Start when the student is ready. (Note: Tell student what skill he should start with.)

NOTES

Steps

___ ___ ___ **A. Premature infant:**

___ ___ ___ 1. Wrap the infant.

___ ___ ___ 2. Administer oxygen.

___ ___ ___ **B. Excessive bleeding of the mother:**

___ ___ ___ 1. Apply a sanitary napkin.

___ ___ ___ 2. Position the mother.

___ ___ ___ 3. Treat for shock.

___ ___ ___ 4. Massage the uterus.

___ ___ ___ **C. Breech delivery:**

___ ___ ___ 1. Recognize.

___ ___ ___ 2. Position the hands.

___ ___ ___ 3. Support the legs and trunk.

___ ___ ___ 4. Deliver the arms.

___ ___ ___ 5. Maintain an airway.

___ ___ ___ 6. Administer oxygen to the mother.

___ ___ ___ 7. Deliver the head.

___ ___ ___ **D. Arm or leg presentation:**

___ ___ ___ 1. Recognize.

___ ___ ___ 2. Administer oxygen.

NOTES

___ ___ ___ E. Umbilical cord presentation:

___ ___ ___ 1. Recognize.

___ ___ ___ 2. Push the infant back into canal.

___ ___ ___ 3. Administer oxygen.

NOTES

UNIT 6 emt-p

CLINICAL EXPERIENCE

NOTES

Description of Unit

In the previous units, the students are trained to perform skills in simulated situations in the classroom. The purpose of the clinical experience is to provide the student with the opportunity to become proficient in the skills presented in the classroom setting.

If a number of modules are being presented together, it is not necessary for the clinical experience to be presented after each module. The clinical experience associated with each module can be combined and presented upon completion of the classroom sessions.

Objectives

The following objectives are proposed for the labor/delivery suite. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the labor/delivery suite, the student will have the opportunity to practice on actual patients under direct supervision and to demonstrate, with proficiency and to the satisfaction of the preceptor, each of the following:

- Identify and label the three stages of labor, common complications, and abnormal deliveries.
- Assist in normal cephalic deliveries.
- Observe and assist, where possible, in abnormal and complicated deliveries.

- Control postpartum hemorrhage by uterine massage and infusion of oxytocin.
- Assist in the management of the newborn, including severing the cord, suctioning, etc.
- Assist in the resuscitation of the newborn.

NOTES

Upon completion of the clinical experience, the trainee should be involved in a supervised internship on the vehicle. During this internship, the trainee will be supervised by a preceptor (physician, nurse, or certified EMT) in the skills presented during the training program. Guidelines for this internship are identical to those presented for the other clinical areas, and should be used as a reference. Specific guidelines for the internship and sample checklists may be found in Appendix A of the *Instructor Lesson Plans.*

Preceptor Activities

Review the objectives with the course coordinator and discuss which objectives are to be included in the unit activities. If the preceptor has any questions concerning specific skills or procedures, he should be referred to the appropriate module for a review of the materials presented to the student.

Have the student sign in and determine his proper attire, for example, sterile greens.

Review the rules and operating procedures within the unit, making certain to define the student's role within the unit. Any special regulations concerning the student's activities should be defined.

Define those skills that will and will not be included in this instructional unit, but were discussed during the classroom activities.

Review the history, diagnosis, complications, and treatment of each patient in the unit. The activities of the student should not be limited to those specifically defined in the objectives.

For each activity, demonstrate the skill initially, coach the student through the skill at least one time, and then observe the student as he performs the skill.

Supervise the student when he is performing activities within the unit. The preceptor should review critically the student's technique and suggest corrections when appropriate.

Assist and evaluate the student until he is competent in each activity on the checklist.

Answer any of the student's questions concerning activities in the unit or specific patients and their conditions.

Review the objectives for this instructional unit periodically, and discuss the student's progress with respect to the items on the checklist.

Mark the student's activities checklist after each clinical session. The checklist should be marked indicating the number of total observations (O), total attempts to perform the activity by the student (T), and the number of successful attempts (S) for each activity. Once the student has successfully demonstrated the skill to the satisfaction of the preceptor, the session number during which the preceptor made the evaluation should be entered in the "Completed" column. Any comments should be listed in the appropriate space. Specifically, comment should be made if the student does not become proficient at any given skill. Once the student has successfully demonstrated his proficiency at a given skill, however, he should still continue to perform the skill while in the unit.

Student Activities

The student should:

- Report to the specialty unit on his scheduled date and shift and "sign in" with the supervisor
- Review the rules and operating procedures within the unit with the preceptor, making certain that his role in the unit is defined
- Review the history, diagnosis, complications, and treatment of each patient in the unit
- Observe and participate in unit activities as directed by the preceptor (If the student observes a technique or procedure performed differently from its presentation during the classroom activities, he may question the preceptor about differences observed, but remember that the techniques presented during the lecture may not be the only correct method.)
- Perform each activity on the checklist (when appropriate) under the direct supervision of the preceptor (If the student is unsure of the activity, the preceptor will demonstrate the skill.)
- Review each activity performed with the preceptor, and be sure the preceptor critiques his performance
- Be sure the preceptor marks the checklist after each clinical session
- Develop a log on each patient seen during the experience—the log should include the following information as a minimum:

NOTES

- Patient's record identification—use identification number rather than patient's name
- Major problem—that is, trauma, acute appendicitis
- Complications
- Skills and activities observed
- Skills performed—that is, initiated IV, monitored cardiac activity

The preceptor and the student should review the objectives in the instructional unit and discuss which activities will be included in the experience.

NOTES

Labor/Delivery Suite

Student's name _____

Completed	Activities (objectives)	Session number 1 O	1 T	1 S	2 O	2 T	2 S	3 O	3 T	3 S	4 O	4 T	4 S	5 O	5 T	5 S	Comments
	Identify type of delivery Normal Abnormal Complications																List complications
	Assist in normal cephalic deliveries																
	Observe and assist, where possible, in abnormal deliveries																List abnormalities
	Preceptor																
	Date																

Note.—O = observations; T = student attempts; S = successful attempts.

Labor/Delivery Suite—*Con.*

Student's name _____

Completed	Activities (objectives)	Session number														Comments
		1			2			3			4			5		
		O	T	S	O	T	S	O	T	S	O	T	S	O	T	S	
	Control postpartum hemorrhage Uterine massage Infusion of oxytocin Assist in management of newborn Severing the cord Suctioning Positioning infant															
	Preceptor															
	Date															

Note.—O = observations; T = student attempts; S = successful attempts.

Labor/Delivery Suite—*Con.*

Student's name _____

Completed	Activities (objectives)	Session number 1			2			3			4			5			Comments
		O	T	S	O	T	S	O	T	S	O	T	S	O	T	S	
	Assist in resuscitation of newborn Cardiopulmonary resuscitation Airway management																
	Preceptor																
	Date																

Note.—O = observations; T = student attempts; S = successful attempts.

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